

Preschool Student Application



Calvary Learning Center

1401 Oakhurst Scenic Drive
Fort Worth, Texas 76111

Phone (817) 332-3351, FAX (817) 332-4621

www.cca-tx.org

Applicant Name _____

STATEMENT OF PURPOSE / MISSION STATEMENT

The mission of Calvary Learning Center is to provide a Christ-centered Biblical perspective to early childhood education and care for each child's physical, cognitive, social, and spiritual development. We use Abeka curriculum which is biblically based to prepare children for their future.

Jeremiah 29:11 states that God has a plan and purpose for every individual. Our goal is to provide opportunities for each child to begin to develop skills which will be a foundation for learning and preparing for their destiny.

STATEMENT OF FAITH

- The Bible is the inspired, infallible, and authoritative Word of God. (II Timothy 3:16-17)
- There is one God manifested in three persons: Father, Son, and Holy Spirit. (I John 5:4-7)
- All men have sinned which makes necessary a rebirth through confession and belief in the Lord Jesus Christ. (Romans 3:23-25)
- The Holy Spirit is the Spirit of God Who leads us and guides us into all truths and His gifts are in operation today. (John 16:13), (I Corinthians 2:12), (I Corinthians 12:7; 28) ● The local church is necessary in the maturity of the believer. (Hebrews 12:25) ● There is a resurrection of believers into everlasting life and an everlasting punishment for those who do not believe. (John 3:16)

I understand the spiritual goals and purposes of Calvary Christian Academy Preschool and that my child will be taught truths if enrolled in this institution.

Parent/Guardian Signature Date

Church Information

Church Attended _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____ Pastor/Minister _____

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STUDENT APPLICATION For school year 20____ - 20____ Today's date

____/____/____ Entering age _____ **Student Information**

Name (last) _____ (first) _____ (mid) _____

Address _____

City _____ State _____ ZIP _____

Home Telephone (_____) _____

May we publish the above number in our Student Directory? YES _____ NO _____

Birth Date ____ / ____ / ____ Age ____ Gender: Male ____ Female ____

Social Security Number _____ - _____ - _____

Previous School Information

Preschool Last Attended _____

City _____ State _____ ZIP _____

Director _____

How did you hear about Calvary Christian Academy Preschool? _____

Reason for selecting this school: _____

Family Information - Parent/Guardian

Relationship to student: Father _____ Step-Father _____ Mother _____ Step-Mother _____

Other _____ explain _____ Is the following person the primary legal guardian of this student? YES _____ NO _____ Are you a Christian? YES _____ NO _____

Name (last) _____ (first) _____ (mid) _____

Address _____

City _____ State _____ ZIP _____

Home Telephone (_____) _____

Driver's License # _____ State _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Email _____ @ _____

Employer _____ Work Phone (_____) _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Family Information - Parent/Guardian

Relationship to student: Father _____ Step-Father _____ Mother _____ Step-Mother _____

Other _____ explain _____ Is the following person the primary legal guardian of this student? YES _____ NO _____ Are you a Christian? YES _____ NO _____

Name (last) _____ (first) _____ (mid) _____

Address _____

City _____ State _____ ZIP _____

Home Telephone (_____) _____

Driver's License # _____ State _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Email _____ @ _____

Employer _____ Work Phone (_____) _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Additional Family Information

If we are unable to reach a parent or guardian please list another person or persons we may call. Please indicate if each person has permission to pick up the student from school.

Name _____ Relationship _____

Phone Number (_____) _____

Permission to pick up child from school? YES _____ NO _____ Driver's

License # _____ State _____

Name _____ Relationship _____

Phone Number (_____) _____

Permission to pick up child from school? YES _____ NO _____ Driver's

License # _____ State _____

Name _____ Relationship _____

Phone Number (_____) _____

Permission to pick up child from school? YES _____ NO _____ Driver's

License # _____ State _____

Media Release Form

I(we) hereby give/do not give consent for...

Child's photograph or video on Google Classroom YES ___ NO ___ CCA

Private Facebook Group YES ___ NO ___ School promotional/ marketing

materials YES ___ NO ___

General Information

Has your child (applicant) ever been expelled, dismissed, suspended, or refused admission to another school? YES ___ NO ___ If 'Yes'

explain: _____

Has your child ever had any disciplinary difficulties? YES ___ NO ___ If 'Yes'

explain: _____

How would you describe your child's temperament?

List your child's independent skills: _____

Explain how your child reacts to situations. _____

Provide any important facts we should know about your child in order to make his/her childcare a positive experience.

Please indicate your child's level of previous work (if applicable). Excellent _____ Good _____ Average _____ Poor _____

Application submission - intent to enroll a student

It is my intention to enroll the above listed child in Calvary Christian Academy Preschool.

To the best of my knowledge all information is complete and accurate,

Parent/Guardian Signature Date

**CALVARY CHRISTIAN ACADEMY PRESCHOOL
PAYMENT POLICY**

Tuition is charged monthly to your account and is due on the first day of the month. As a convenience, you may pay weekly. If paying weekly, payments must be received on Monday or a \$5 per day late fee will be assessed. No credit will be extended. Failure to pay tuition and fees in a timely manner will result in dismissal of your child until all charges are paid. A fee of \$20 will be assessed for each returned check.

_____ / ____ / ____
Parent/Guardian Signature Date

LATE CHILD PICK UP FEE

The hours of Calvary Learning Center are from 7:00 a.m. to 6:00 p.m. A late fee of \$1.00 per minute will be charged for each minute after 6:00 p.m. that your child is in the center.

_____ / ____ / ____
Parent/Guardian Signature Date

PARENT HANDBOOK STATEMENT

I have received a Calvary Learning Center Student and Parent Handbook. I understand the contents of the handbook and agree to adhere to the policies and procedures as stated therein.

_____ / ____ / ____
Parent/Guardian Signature Date